

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) EMILY's List		FEC IDENTIFICATION NUMBER ▼ C C00193433	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control Inc		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6</div> </div>	
Mailing Address 201 Adams Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">33089.58</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Manchester</div> <div>State CT</div> <div>Zip Code 06042</div> </div>		Transaction ID: SE24-103533	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House State: <u>MO</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Talent		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">417684.86</div>	
Full Name (Last, First, Middle, Initial) of Payee Mission Control Inc		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6</div> </div>	
Mailing Address 201 Adams Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">99268.75</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Manchester</div> <div>State CT</div> <div>Zip Code 06042</div> </div>		Transaction ID: SE24-103540	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House State: <u>MO</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Claire McCaskill		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">417684.86</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">132358.33</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Caroline C Fines _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6</div> </div>	